	OF CALIF	,	Traveler ID ।	See Ins				ment on R	evers	e Side	BK	(Trip?	O YES	O No	
TRAVEL EXPENSE CLAIM Traveler ID Unit Code STAFF									Page		of <u>-</u>	Pages			
CLAIMANT'S NAME Fiscal Year Karen Baker 2008-2009				2008TEC1732		SSN OR EMPLOYEE NUMBER*				DEPAI OP	RTMENT R				
POSITION Executive Director					CB/ID NO.: EXEMPT		CaliforniaVolunteers						PCA # 31101		
RESIDENCE ADDRESS*							HEADOLIARTERS ADDRESS 1110 K Street Suite 210							TELEPHONE NUMBER 916-323-7646	
STATE ZIP CODE						CITY						STATE CA	ZIP CODE 95814		
Sacramento CA (1) MONTH/YEAR (3) (4)			95864		Sacramento		(7) TRANSPORTAT					(8)	(9)		
Jun 2		LOCATION	(4)	(5)		07.15		(A)	(B)	(C)		(D)			
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
6/21	1000	Sac/San Francisco				:						\$0.00		\$0.00	
6/22		San Francisco		\$6.00			\$6.00					\$0.00		\$12.00	
6/23	 -	San Francisco		\$6.00			\$6.00					\$0.00		\$12.00	
6/24		San Francisco		\$6.00			\$6.00					\$0.00		\$12.00	
6/25	_	San Francisco		\$6.00	\$10.00		\$6.00			\$20.00		\$0.00		\$42.00	
6/26	1315	San Francisco/Sac		\$6.00	\$10.00		\$6.00					\$0.00		\$22.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00	,	\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
] [\$0.00		\$0	
SUBTOTALS			\$30.00	\$20.00		\$30.00			\$20.00		0		\$100.00		
	C	deunn code (accigiuse	DNLY)												
					· · · · · · · · · · · · · · · · ·					CLAIM	TOTA	L \$.\$	100.00	
		TRIP, REMARKS AND DETAILS (Attac National Conference in S				ne Conf	aranca	Lised CV	,			MODMAI M			
		for hotel stay.	an Francis	co and A				V E	$\overline{\Box}$		(13)	(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289			
										(14	(14) MILEAGE RATE CLAIMED				
						JUL - 2		2009		AG	AGENCYACEOUNTAG OFF				
OFFICE OF PLANING & RESEARCH											PAID	PAID BY REVOLVING FUND CHECK NUMBER			
THERE	BY CERTI	FY That the above is a true statement of	he travel expense	es incurred by		ADMINIS	STRATIVE S	SERVICES		California.	lf a	153).55	
THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 peraining to vehicle safety and seat/fell usage.												· · ·	396		
(15) CLAMANT'S SIGNATURE			DATE	0/00	7 (16/5)	(16) SIGNATURE OF OFFICER APPROVING TO			ING TRAV	EL AND	PAYMENT	DATE	0/09		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)													DATÉ	<i>P</i> ===	